

TAPESTRY[®] Biointegrative Implant Coding Reference Guide



TAPESTRY Biointegrative Implant is indicated for the management and protection of tendon injuries in which there has been no substantial loss of tendon tissue.

TAPESTRY RC Arthroscopic Delivery and Fixation System is the first arthroscopic implant system for rotator cuff that combines a biointegrative collagen-based implant with fully bioabsorbable fixation and streamlined arthroscopic delivery for partial to full thickness rotator cuff tears.

Physician	
CPT [®] Code	Description
Achilles	
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)
27654	Repair, secondary, Achilles tendon, with or without graft
Biceps	
23430	Tenodesis of long tendon of biceps
24340	Tenodesis of biceps tendon at elbow (separate procedure)
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
Patellar	
27380	Suture of infrapatellar tendon; primary
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft
Quadriceps	
27385	Suture of quadriceps or hamstring muscle rupture; primary
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft
Rotator Cuff/Subscapularis	
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
Tibial/Peroneal	
27658	Repair, flexor tendon, leg; primary, without graft, each tendon
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon
Triceps	
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft

Hospital Inpatient: ICD-10-PCS Code and Description

Repair (Restoring, to the extent possible, a body part to its normal anatomic structure and function)

Ø Medical and Surgical
L Tendon
Q Repair

Body Part	Approach	Device	Qualifier
1 Shoulder Tendon, Right 2 Shoulder Tendon, Left 3 Upper Arm Tendon, Right 4 Upper Arm Tendon, Left L Upper Leg Tendon, Right M Upper Leg Tendon, Left N Lower Leg Tendon, Right P Lower Leg Tendon, Left Q Knee Tendon, Right R Knee Tendon, Left	Ø Open 4 Percutaneous Endoscopic	Z No Device	Z No Qualifier

Supplement (Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part)

Ø Medical and Surgical
L Tendon
U Supplement

Body Part	Approach	Device	Qualifier
1 Shoulder Tendon, Right 2 Shoulder Tendon, Left 3 Upper Arm Tendon, Right 4 Upper Arm Tendon, Left L Upper Leg Tendon, Right M Upper Leg Tendon, Left N Lower Leg Tendon, Right P Lower Leg Tendon, Left Q Knee Tendon, Right R Knee Tendon, Left	Ø Open 4 Percutaneous Endoscopic	K Nonautologous Tissue Substitute	Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*

MS-DRG	Description
500	Soft tissue procedures with MCC
501	Soft tissue procedures with CC
502	Soft tissue procedures without CC/MCC
510	Shoulder, elbow, or forearm procedures, except major joint procedures with MCC
511	Shoulder, elbow, or forearm procedures, except major joint procedures with CC
512	Shoulder, elbow, or forearm procedures, except major joint procedures without CC/MCC
579	Other skin, subcutaneous tissue, and breast procedures with MCC
580	Other skin, subcutaneous tissue, and breast procedures with CC
581	Other skin, subcutaneous tissue, and breast procedures without CC/MCC

CC – Complication and/or Comorbidity. MCC – Major Complication and/or Comorbidity.

*Other MS-DRGs may be applicable. MS-DRG will be determined by the patient’s diagnosis and any procedure(s) performed.

Hospital Outpatient and Ambulatory Surgical Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
Achilles				
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon	J1	5114	A2
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	J1	5114	J8
27654	Repair, secondary, Achilles tendon, with or without graft	J1	5114	J8
Biceps				
23430	Tenodesis of long tendon of biceps	J1	5114	J8
24340	Tenodesis of biceps tendon at elbow (separate procedure)	J1	5114	J8
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	J1	5114	A2
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	J1	5114	A2
Patellar				
27380	Suture of infrapatellar tendon; primary	J1	5114	A2
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	J1	5114	J8
Quadriceps				
27385	Suture of quadriceps or hamstring muscle rupture; primary	J1	5114	A2
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	J1	5114	A2
Rotator Cuff/Subscapularis				
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	J1	5114	A2
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	J1	5114	A2
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	J1	5114	A2
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	J1	5114	A2
Tibial/Peroneal				
27658	Repair, flexor tendon, leg; primary, without graft, each tendon	J1	5113	A2
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon	J1	5114	A2
Triceps				
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	J1	5114	A2
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	J1	5114	A2

OPPS - Outpatient Prospective Payment System; **APC** - Ambulatory Payment Classification; **ASC** - Ambulatory Surgical Center

Status Indicator: J1 - Hospital Part B services paid through a comprehensive APC. Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service, with limited exceptions

APC: 5113 - Level 3 Musculoskeletal Procedures; 5114- Level 4 Musculoskeletal Procedures

Payment Indicator: A2 - Payment based on OPPS relative payment weight; J8 - Device - intensive procedure; paid at adjusted rate

HCPCS (Healthcare Common Procedure Coding System)	
Code	Description
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)
C1763	Connective tissue, non-human (includes synthetic)

Note: HCPCS codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare's Outpatient Prospective Payment System..

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com, or visit our reimbursement website at zimmerbiomet.com/reimbursement

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